



**CANDIDATE'S STATEMENT OF ORGANIZATION AND
DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE**

(CFA-1)

State Form 4604 (R13/9-10)

Indiana Election Commission (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

FILE NUMBER

1. IS THIS AN AMENDMENT? ☒ No ☐ Yes If Yes, please enter the file number in this box →

SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

2. Last Name TESTRUTH		First Name VERNON		Middle Name JESSE	Nickname JESSE	3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee	
4. Mailing Address 7807 CROSSGATE LANE				317	5. FAX (Optional) 889-6961		6. E-mail Address (Optional) jus2cruise46203@sbcglobal.net
7. City SOUTHPORT	State IN	ZIP Code 46227-5881	8. County MARION		9. Telephone (Day) (317) 889-6961		10. Telephone (Evening) (317) 889-6961
11. Party Affiliation <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Other				12. Office Sought (Include district number, if any. Not required for an exploratory committee.) MAYOR of SOUTHPORT PE40			

SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

13. Full Name of Committee (Do not abbreviate) <input type="checkbox"/> Check if this is a new name RE-ELECT JESSE FOR MAYOR							
14. Mailing Address <input type="checkbox"/> Check if this is a new address 7807 CROSSGATE LANE				15. FAX (Optional) (317) 889-6961		16. E-mail Address (Optional) jus2cruise46203@sbcglobal.net	
17. City SOUTHPORT	State IN	ZIP Code 46227-5881	18. County MARION		19. Telephone (317) 889-6961		20. Committee Organization Date (MM-DD-YY) 01-12-15
21. Chairperson's Full Name <input type="checkbox"/> Designate Candidate as Chairperson <input type="checkbox"/> Check if this is a new chairperson MARK W. HARRINGTON							
22. Mailing Address <input type="checkbox"/> Check if this is a new address 7730 PARTRIDGE RD.				23. FAX (Optional) () N/A		24. E-mail Address (Optional) N/A	
25. City SOUTHPORT	State IN	ZIP Code 46227-5881	26. County MARION		27. Telephone (Day) (317) 626-7950		28. Telephone (Evening) (317) 626-7950
29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.) REGIONS BANK							
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.)				31. Salaries and Reimbursements (Will the committee pay the candidate a salary or reimbursement for lost wages? If Yes, attach a copy of the contract.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)

32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee.			Person Appointed Treasurer ANGIE KERNER		Signature of the Committee Chairperson <i>Mark W. Harrington</i>		
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer <input type="checkbox"/> Check if this is a new treasurer MARY A. KERNER							
34. Mailing Address <input type="checkbox"/> Check if this is a new address 7807 CROSSGATE LANE				35. FAX (Optional) (317) 889-6961		36. E-mail Address (Optional) jus2cruise46203@sbcglobal.net	
37. City SOUTHPORT	State IN	ZIP Code 46227-5881	38. County MARION		39. Telephone (Day) (317) 889-6961		40. Telephone (Evening) (317) 889-6961

SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)

41. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7).		Signature of Person Accepting Appointment <i>Mary A. Kerner</i>	
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SECTION E. CERTIFICATION OF STATEMENT

We certify as the candidate and the duly appointed Chairperson of the Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete.

42. Typed or Printed Name of Chairperson <i>Mark W. Harrington</i>	Signature of Chairperson <i>Mark W. Harrington</i>	Date (MM-DD-YY) 1-23-2015
43. Typed or Printed Name of Candidate <i>VERNON J. TESTRUTH</i>	Signature of Candidate <i>Vernon J. Testruth</i>	Date (MM-DD-YY) 1-23-2015

Warning: State law requires that any change in this information be reported within 10 days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Class D felony (IC 3-14-1-13). A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18).

FOR OFFICE USE ONLY

FILED

JAN 26 2015

Myla A. Eldredge